

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	Elastomeric Suspension System Skateboard Truck																									
Application Number : Date : First Named Applicant: Mr. Tracy Scott Kent Attorney Docket Number:																										
<b>TOTAL FEE AUTHORIZED \$ 955</b>  Patent fees are subject to annual revisions on or about October 1st of each year.																										
Filing as small entity																										
<b>BASIC FILING FEE</b>																										
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	375	375				Subtotal For Basic Filing Fees: \$ 375													
Fee Description	Fee Code	Amount \$	Fee Paid \$																							
Utility Filing Fee	2001	375	375																							
			Subtotal For Basic Filing Fees: \$ 375																							
<b>EXTRA CLAIM FEES</b>																										
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 13</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td>Multiple Dependent Claims</td><td></td><td>2203</td><td>280</td><td>280</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 280</td></tr></tbody></table>		Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 13	0	2202	9	0	Independent Claims : 2	0	2201	42	0	Multiple Dependent Claims		2203	280	280				Subtotal For Extra Claims Fees: \$ 280	
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																						
Total Claims : 13	0	2202	9	0																						
Independent Claims : 2	0	2201	42	0																						
Multiple Dependent Claims		2203	280	280																						
			Subtotal For Extra Claims Fees: \$ 280																							
<b>PRE GRANT PUBLICATIONS FEES</b>																										
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Publication Fee For Early or Voluntary Publication</td><td>1504</td><td>300</td><td>300</td></tr><tr><td colspan="3"></td><td>Subtotal For Additional Fees: \$300</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Publication Fee For Early or Voluntary Publication	1504	300	300				Subtotal For Additional Fees: \$300													
Fee Description	Fee Code	Amount \$	Fee Paid \$																							
Publication Fee For Early or Voluntary Publication	1504	300	300																							
			Subtotal For Additional Fees: \$300																							
<b>AUTHORIZED BILLING INFORMATION</b>																										
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																										
Credit account number:	8149																									
Expiration Date (YYYYMMDD):	2003-11-30																									
Authorized name:	Michael MacCollum																									
Billing address:	92064																									